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## BIB DATA SHEET

CONFIRMATION NO. 5645

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/083,793 02/27/2002  
 and is a CIP of 10/083,792 02/27/2002 PAT 7,142,646  
 and is a CIP of 10/083,884 02/27/2002 PAT 7,190,773  
 and is a CIP of 10/083,822 02/27/2002  
 which claims benefit of 60/272,167 02/27/2001  
 and claims benefit of 60/272,122 02/27/2001  
 and claims benefit of 60/276,505 03/19/2001  
 and claims benefit of 60/275,031 03/13/2001  
 and claims benefit of 60/275,020 03/13/2001  
 and claims benefit of 60/275,719 03/13/2001 ABN  
 and claims benefit of 60/275,667 03/13/2001  
 This application 10/721,005 11/24/2003  
 claims benefit of 60/436,018 12/26/2002  
 and claims benefit of 60/428,704 11/25/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

02/24/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Verified and Acknowledged	/GERALD GAUTHIER/ Examiner's Signature	Initials	HI	12	113	25

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**TITLE**

## METHODS AND SYSTEMS FOR CALL MANAGEMENT WITH USER INTERVENTION

<b>FILING FEE RECEIVED</b> 4766	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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